

# EASTERN HEALTH COLLABORATIVE (RC)

9/8/2016

12:00PM-1:00PM

EIPH CONFERENCE ROOM

ATTENDEES: Dr. Boyd Southwick, Dr. George Groberg, James Corbett, Corinne Bird, Madi Orndorff, Dr. Chad Horrocks, Laurel Ricks, Amanda Birch, Julie Woolstenhulme, JoAnn Eddins, Molly Jensen, Janae Larson, Jaylee Packer, Chelsey Cobabe, Von Crofts, Lisa Walker, Ashlee Carlson

WELCOME BY: Dr. George Groberg at 12:05pm

## MINUTES

AGENDA ITEM:	Website Discussion
PRESENTER:	James Corbett

### DISCUSSION:

Last month all of the clinics said they would utilize a Medical-Health Neighborhood website on a daily basis. In order to justify the cost of having a website designed, we have created a Community Resource Guide. It is available through the EIPH website and can be accessed in a PDF format or an excel format. We wanted to make the clinics aware of what resources are currently available and encourage them to start utilizing them in their clinics. The Resource Guide and website possibility will be assessed by November or December.

ACTION ITEM	PERSON RESPONSIBLE	DEADLINE
▪ Clinics start using the resource guide	All Clinics	11/10/2016
▪ Utilization of website	Executive Team	12/1/2016

AGENDA ITEM:	CQM Resources
PRESENTER:	James Corbett

### DISCUSSION:

It was expressed that obesity is a very hard topic to bring up to patients. Often times it can turn clients away from their clinics. It was also suggested that people know what they need to do in order to decrease their BMI, they just are not following through with it. Accountability was identified by several clinics to be a necessary factor when it comes to successfully decreasing BMI. Some clinics find it easier to address BMI with other related diseases, or as a way to avoid medications.

AGENDA ITEM:	Obesity Fishbone
PRESENTER:	Corinne Bird

### DISCUSSION:

The group utilized a fishbone diagram to identify barriers to reducing obesity (see attached file). From that activity the group brainstormed some ideas on what the RC can do: provide good and correct information, class on quick healthy meal prep, involve care coordinators for additional follow-up, screen for behavioral health underlying causes, involve exercise and active lifestyle options that can be done at home.

### CONCLUSION

The group thought the best idea was to develop some handouts that providers can give to their clients. Dr. Southwick said this goal is similar to Tobacco Cessation in that we are just trying to bring awareness to the issue. Some ideas for handouts were: portion control, community classes, simple exercises, healthy snacks, choose this not

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that, evidence based practices, credible diets, explanation of BMI, apps available, dieticians or programs in the area. Dr. Horrocks suggested that maybe there could be a spot on the EIPH website to house these resources that they could simply refer their clients to.

ACTION ITEM	PERSON RESPONSIBLE	DEADLINE
▪ Each clinic provide resources/ideas for the handouts	All Clinics	10/13/2016
▪ Develop first draft of above resources	PHD SHIP Team	11/8/2016

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AGENDA ITEM:	CQM Numerator/Denominator
PRESENTER:	James Corbett

## DISCUSSION:

The quality measures handout now includes numerator and denominator statements so clinics know exactly who is included when pulling reports.

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AGENDA ITEM:	Successes/Challenges
PRESENTER:	Group

## DISCUSSION:

Nothing

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## OTHER BUSINESS AND FUTURE AGENDA ITEMS:

Learning Collaborative 10/24-10/25

## NEXT MEETING

DATE: 10/13/2016

TIME: 12:00 pm-1:00 pm

LOCATION: EIPH Conference Room